

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the )  
First Amended Accusation Against: )  
 )  
Uzoamaka O. Nwoye, M.D. )  
 )  
Physician's and Surgeon's )  
Certificate No. A 97114 )  
 )  
Respondent. )  
 )  
\_\_\_\_\_ )

Case No. 800-2018-040111

**DENIAL BY OPERATION OF LAW  
PETITION FOR RECONSIDERATION**

No action having been taken on the petition for reconsideration, filed by Albert J. Garcia, Esq., on behalf of Uzoamaka O. Nwoye, and the time for action having expired at 5:00 p.m. on August 5, 2019, the petition is deemed denied by operation of law.

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the First Amended Accusation )  
Against: )

Uzoamaka O. Nwoye, M.D. )

Physician's and Surgeon's )  
Certificate No. A 97114 )

\_\_\_\_\_  
Respondent )

MBC No. 800-2018-040111

**ORDER GRANTING STAY**

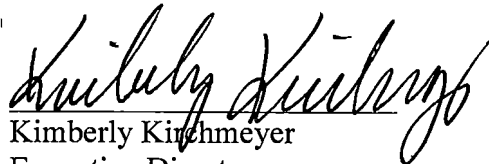
(Government Code Section 11521)

Albert J. Garcia, on behalf of Respondent, Uzoamaka O. Nwoye, M.D., has filed a Request for Stay of execution of the Decision in this matter with an effective date of July 26, 2019, at 5:00 p.m..

Execution is stayed until August 5, 2019, at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: July 26, 2019



Kimberly Kirchmeyer  
Executive Director  
Medical Board of California

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation Against:** )

**Uzoamaka O. Nwoye, M.D.** )

**Case No. 800-2018-040111**

**Physician's and Surgeon's  
Certificate No. A 97114** )

**Respondent** )

**DECISION**

**The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on July 26, 2019.**

**IT IS SO ORDERED: June 26, 2019.**

**MEDICAL BOARD OF CALIFORNIA**



**Kristina D. Lawson, J.D., Chair  
Panel B**

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

UZOAMAKA O. NWOYE, M.D.,  
Physician's and Surgeon's Certificate  
No. A 97114

Respondent.

Case No. 800-2018-040111

OAH No. 2018060711

**PROPOSED DECISION**

Administrative Law Judge Juliet E. Cox, State of California, Office of Administrative Hearings, heard this matter on May 2, 2019, in Oakland, California.

Deputy Attorney General Alice W. Wong represented complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California (Board).

Attorney Albert J. Garcia represented respondent Uzoamaka O. Nwoye, M.D., who was present.

The matter was submitted for decision on May 2, 2019.

**FACTUAL FINDINGS**

1. Respondent Uzoamaka O. Nwoye, M.D., currently holds Physician's and Surgeon's Certificate No. A 97114. The Board issued this certificate August 30, 2006, and it is scheduled to expire February 29, 2020.

2. On April 27, 2018, acting in her official capacity as Executive Director of the Board, complainant Kimberly Kirchmeyer filed an accusation against respondent. A year later, complainant filed a first amended accusation. Complainant alleges that respondent practiced medicine in the United States Air Force until the Air Force revoked respondent's clinical privileges. Complainant characterizes the Air Force's order as professional discipline, and seeks revocation of respondent's California physician's and surgeon's certificate as a result. Respondent requested a hearing.

### *Professional Experience*

3. Respondent received her medical degree in May 2004. From mid-2004 to mid-2005 she was in a preliminary general surgery residency in New Jersey; and from mid-2005 to mid-2006 she was in a preliminary general surgery residency in California.

4. Between mid-2006 and mid-2008, respondent performed clinical medical research in surgical oncology. From mid-2008 to mid-2010 she was in a transplant surgery training program in Nebraska.

5. Respondent joined the United States Air Force, and began a urology residency through the San Antonio Uniformed Services Health Education Consortium in February 2011. She completed her residency in February 2015, and began serving as a staff urologist at Joint Base Elmendorf-Richardson, in Alaska, in March 2015.

6. Respondent passed her examination and achieved board certification by the American Board of Urology in February 2017.

7. Respondent left the Air Force in March 2018, after the events described more fully in Findings 9 through 13, below. In July 2018, she began a fellowship in minimally invasive urologic surgery at Beth Israel Deaconess Medical Center (BIDMC) in Boston.

8. In addition to her California physician's and surgeon's certificate, respondent holds medical licenses in Nebraska and North Dakota. At the time of the hearing, she had applied for licensure in Massachusetts but had not received that license.

### *Air Force Disciplinary Action*

9. In November 2016, the Air Force opened a quality assurance investigation into respondent's surgical practice. After this investigation, a peer review panel concluded that respondent had made surgical errors in three cases. In two cases, she had placed a ureteral stent into the wrong ureter, resulting for one patient in two stents in one ureter and none in the other. In a third case, she had over-pressurized a patient's bladder during a transurethral resection of the prostate (TURP), perforating the bladder. In addition to these three surgical errors, the peer review panel identified concerns over respondent's complication rate for TURP surgeries and for vasectomies.

10. Respondent did not request a hearing with respect to these conclusions. She consented instead to temporary restriction of her surgical privileges, requiring her to have direct supervision for 10 TURP surgeries. In addition, respondent consented to undergo special monitoring and evaluation of all her surgical procedures for three months, beginning in February 2017.

11. In November 2017, the Air Force convened a further hearing panel to consider the three specific surgical errors described in Finding 9 as well as additional allegations that respondent had made medical errors. The panel concluded that the three errors described in Finding 9 had occurred, and that they had threatened or risked threatening patients' health. In addition, the panel concluded that respondent had misdiagnosed a patient on two occasions, and then had erred in inserting a suprapubic tube into that patient and in monitoring the tube's later position.

12. The Air Force panel viewed respondent's errors, taken together, as "a pattern of inattention to detail and clinical negligence." Because the panelists believed that "additional supervision beyond the eight years of formal surgical training already completed" would not improve respondent's "lack of insight and clinical judgment," the panel recommended revocation of respondent's Air Force clinical privileges.

13. Colonel Tandra L. Yates approved the panel's recommendation and revoked respondent's clinical privileges effective January 8, 2018. Respondent appealed this determination to the Air Force's headquarters. Air Force Surgeon General Dorothy A. Hogg concurred with Colonel Yates's decision in October 2018, upholding revocation of respondent's Air Force clinical privileges.

#### *Additional Training*

14. Respondent acknowledges that she made the errors the Air Force panel identified. She believes, however, that these errors resulted from her inexperience, compounded by poor support from her clinical team. She was and is willing to undertake additional training to improve her skills, but disagreed with the Air Force's decision to revoke her clinical privileges rather than to support her in such additional training.

15. Respondent estimates that she has completed at least 80 hours of continuing medical education since leaving the Air Force, including a refresher course in transurethral surgery. She makes regular presentations at BIDMC, and participates in training Harvard Medical School students and BIDMC residents.

#### *References*

16. Andrew A. Wagner, M.D., is an associate professor of surgery in urology at Harvard Medical School and is respondent's supervisor in her current fellowship at BIDMC. Dr. Wagner has advocated for respondent's licensure in Massachusetts, and urges the Board not to revoke respondent's California physician's and surgeon's certificate. Dr. Wagner does not consider respondent a threat to patient safety at BIDMC. He believes instead that she has a "very thorough knowledge base," and the ability to succeed as a surgical urologist.

17. Vannita Simma-Chiang, M.D., is respondent's friend. Dr. Simma-Chiang also is a board-certified urologist; she and respondent studied together for the certification examination, but have never worked together clinically. Dr. Simma-Chiang views respondent as an "honest, caring, and intelligent physician."

18. Lieutenant Colonel Norris Jackson is the commander of the Air Force medical operations squadron of which respondent was a member. Dr. Jackson is a board-certified general surgeon, and has supervised surgical practice at two major Air Force medical facilities. He recommended against the discipline the Air Force imposed on respondent, because he believes that she is a competent surgeon who is "honest, reliable, and trustworthy."

### LEGAL CONCLUSIONS

1. Professional discipline against respondent by a federal government agency, on grounds that would have been cause for discipline in California, is cause for discipline against respondent's California physician's and surgeon's certificate. (Bus. & Prof. Code, §§ 141, subd. (a), 2305.) The matters stated in Findings 9 through 13 constitute cause for discipline against respondent's California certificate.

2. The Board's disciplinary guidelines (see Cal. Code Regs., tit. 16, § 1361) permit the Board to revoke a California physician's and surgeon's certificate for repeated acts of negligence or incompetence, such as the acts described in Findings 9 and 11. At the same time, the Board always must consider the possibility that a physician may rehabilitate herself through retraining. (Bus. & Prof. Code, § 2229, subd. (b).) The matters stated in Findings 7, 15, and 16 show that respondent currently is a fellow in a reputable program that may permit her to establish a successful medical practice. An order placing respondent's California physician's and surgeon's certificate on probation, with conditions requiring her to complete clinical assessment and additional education, will allow her to complete her fellowship and to demonstrate whether she can practice safely.

### ORDER

Physician's and Surgeon's Certificate No. A 97114, issued to respondent Uzoamaka O. Nwoye, is revoked. Revocation is stayed, however, and respondent is placed on probation for seven years upon the following terms and conditions.

1. Education Course

Within 60 calendar days after the effective date of this decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational

program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

## 2. Clinical Competence Assessment Program

Within 60 calendar days after the effective date of this decision, respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six months after respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the decision, accusation, and any other information that the Board or its designee deems relevant. The program shall require respondent's on-site participation for a minimum of three and no more than five days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which states unequivocally whether the respondent has demonstrated the ability to practice safely and independently. Based on respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

Respondent shall not perform surgery until respondent has successfully completed the program and has been so notified by the Board or its designee in writing.

Within 60 days after respondent has successfully completed the clinical competence assessment program, respondent shall participate in a professional enhancement program approved in advance by the Board or its designee, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation, or until the Board or its designee determines that further participation is no longer necessary.

3. Practice Monitor

Within 30 calendar days after the effective date of this Decision, respondent shall submit to the Board or its designee, for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering; shall be in respondent's field of practice; and must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the decision and accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the decision, accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the decision and accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days after the effective date of this decision, and continuing throughout probation, respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine. Within three calendar days after being so notified, respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor shall submit a quarterly written report to the Board or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of medical practice, and whether respondent is practicing medicine safely. It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, respondent shall, within five calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, respondent shall receive a notification from the Board or its designee to cease the practice of medicine. Within three calendar days after being so notified, respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, respondent may participate in a professional enhancement program approved in advance by the Board or its designee, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

#### 4. Solo Practice Prohibition

Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: (1) respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care; or (2) respondent is the sole physician practitioner at that location.

If respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the effective date of this decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the respondent's practice setting changes and the respondent is no longer practicing in a setting in compliance with this decision, the respondent shall notify the Board or its designee within 5 calendar days of the practice setting change. If respondent fails to establish a

practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall not resume practice until an appropriate practice setting is established.

5. Notification

Within seven days after the effective date of this decision, respondent shall provide a true copy of this decision and accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of medicine, including all physician and *locum tenens* registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

6. Supervision of Physician Assistants and Advanced Practice Nurses

During probation, respondent is prohibited from supervising physician assistants and advanced practice nurses.

7. Obey All Laws

Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in California. Respondent shall remain in full compliance with any court-ordered criminal probation, payments, and other orders.

8. Quarterly Declarations

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

9. General Probation Requirements

*Compliance with Probation Unit*

Respondent shall comply with the Board's probation unit.

*Address Changes*

Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

*Place of Practice*

Respondent shall not engage in the practice of medicine in respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

*License Renewal*

Respondent shall maintain a current and renewed California physician's and surgeon's license.

*Travel or Residence Outside California*

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

In the event respondent should leave the State of California to reside or to practice respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

10. Interview with the Board or its Designee

Respondent shall be available in person upon request for interviews either at respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

11. Non-Practice While on Probation

Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of respondent's return to practice. Non-practice is defined as any period of time respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other

activity as approved by the Board. If respondent resides in California and is considered to be in non-practice, respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve respondent from complying with all the terms and conditions of probation.

Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event respondent's period of non-practice while on probation exceeds 18 calendar months, respondent shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two years.

Periods of non-practice will not apply to reduce the probationary term.

Periods of non-practice for a respondent residing outside of California will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations.

#### 12. Completion of Probation

Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

#### 13. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order

is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

14. License Surrender

Following the effective date of this decision, if respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request to surrender her license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. Probation Monitoring Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

DATED: May 10, 2019

DocuSigned by:  
*Juliet E. Cox*  
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JULIET E. COX  
Administrative Law Judge  
Office of Administrative Hearings

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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO April 23 20 19  
BY Sara Peterson ANALYST

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation  
13 Against:

14 **Uzoamaka O. Nwoye, M.D.**  
15 **Beth Israel Deacon Ess Medical Center**  
16 **330 Brookline Avenue**  
17 **Brookline, MA 02215**

18 **Physician's and Surgeon's Certificate**  
19 **No. A 97114,**

20 Respondent.

Case No. 800-2018-040111

OAH No. 2018060711

**FIRST AMENDED ACCUSATION**

21 Complainant alleges:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in  
24 her official capacity as the Executive Director of the Medical Board of California, Department of  
25 Consumer Affairs (Board).

26 2. On or about August 30, 2006, the Medical Board issued Physician's and Surgeon's  
27 Certificate Number A 97114 to Uzoamaka O. Nwoye, M.D. (Respondent). The Physician's and  
28

1 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
2 heréin and will expire on February 29, 2020, unless renewed.

### 3 JURISDICTION

4 3. This First Amended Accusation is brought before the Board, under the authority of  
5 the following laws. All section references are to the Business and Professions Code unless  
6 otherwise indicated.

7 4. Section 2227 of the Code provides that a licensee who is found guilty under the  
8 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
9 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
10 action taken in relation to discipline as the Board deems proper.

11 5. Section 2305 of the Code states:

12 “The revocation, suspension, or other discipline, restriction or limitation imposed by  
13 another state upon a license or certificate to practice medicine issued by that state, or the  
14 revocation, suspension, or restriction of the authority to practice medicine by any agency of the  
15 federal government, that would have been grounds for discipline in California of a licensee under  
16 this chapter shall constitute grounds for disciplinary action for unprofessional conduct against the  
17 licensee in this state.”

18 6. Section 141 of the Code states:

19 “(a) For any licensee holding a license issued by a board under the jurisdiction of the  
20 department, a disciplinary action taken by another state, by any agency of the federal government,  
21 or by another country for any act substantially related to the practice regulated by the California  
22 license, may be a ground for disciplinary action by the respective state licensing board. A  
23 certified copy of the record of the disciplinary action taken against the licensee by another state,  
24 an agency of the federal government, or another country shall be conclusive evidence of the  
25 events related therein.

26 “(b) Nothing in this section shall preclude a board from applying a specific statutory  
27 provision in the licensing act administered by that board that provides for discipline based upon a  
28

1 disciplinary action taken against the licensee by another state, an agency of the federal  
2 government, or another country.”

3  
4 **CAUSE FOR DISCIPLINE**

5 **(Discipline, Restriction, or Limitation by a Federal Agency -- United States Air Force)**

6 7. On December 18, 2017, the United States Department of the Air Force issued a notice  
7 regarding military sanctions against Respondent, based on “Conduct/Practice Which is or Might  
8 Be Harmful/Dangerous to the Health of the Patient/Public.” The Medical Board of California  
9 received that notice via the Federation of State Medical Boards’ Disciplinary Alert Report of  
10 January 11, 2018.

11 8. On December 12, 2016, the Air Force issued a Notice of Proposed Restriction to  
12 Respondent regarding the temporary restriction of her clinical privileges. This Notice states that  
13 the Air Force identified clinical deficiencies in Respondent’s performance of transurethral  
14 resection of prostate (TURP) procedures, after having conducted a Quality Assurance  
15 Investigation. On January 17, 2017, the Air Force issued a “Final Decision in Clinical Adverse  
16 Action Proceeding Re: Major Nwoye.” That decision required Respondent to obtain direct  
17 clinical supervision and oversight for 10 supervised TURP cases, the matter of Respondent’s  
18 clinical competency was to return to the Credentials Function for further review as to whether to  
19 lift the restriction or pursue other appropriate action. Respondent acknowledged receipt of the  
20 decision, which furthermore stated that Respondent had expressly waived her right to a hearing.  
21 A true and correct copy of the January 17, 2017 Memorandum reflecting the Air Force’s Final  
22 Decision in Clinical Adverse Action Proceeding is attached as Exhibit A. A true and correct copy  
23 of the December 12, 2016 Notice of Proposed Restriction is attached as Exhibit B.

24 9. On January 8, 2018, the Air Force issued a Final Decision in Clinical Adverse Action  
25 Proceeding and revoked Respondent’s clinical privileges. A true and correct copy of the Final  
26 Decision in Clinical Adverse Action Proceeding is attached as Exhibit C.


27 10. Respondent’s conduct and the action of the Air Force, as set forth in paragraphs 7, 8,  
28 and 9 above, constitute cause of discipline pursuant to sections 2305 and/or 141 of the code.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 97114, issued to Uzoamaka O. Nwoye, M.D.;
2. Revoking, suspending or denying approval of Uzoamaka O. Nwoye, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Uzoamaka O. Nwoye, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED:  
April 23, 2019

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

SF2018400569

# **EXHIBIT A**

**UZOAMAKA O. NWOYE, M.D.**

**MBC No. 800-2018-040111**



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS, 673 MEDICAL GROUP  
JOINT BASE ELMENDORF-RICHARDSON, ALASKA

RECEIVED JAN 17 2017

MEMORANDUM FOR Maj Uzoamaka O. Nwoye

FROM: 673 MDG/CC

SUBJECT: Final Decision in Clinical Adverse Action Proceeding Re: Maj Nwoye

1. I am in receipt of the memorandum from your attorneys dated 10 January 2017 stating your desire to accept the proposed temporary restriction of your clinical privileges as outlined in my 12 December 2016 memorandum. Accordingly, you are waiving your right to a hearing and appeal regarding the proposed restriction of your clinical privileges. This notice is to communicate my final action on your clinical privileges. I hereby temporarily restrict your clinical privileges as follows: you are required to obtain direct clinical supervision and oversight for 10 transurethral resection of prostate (TURP) cases. After successful completion of the 10 TURP cases, the matter will return to the Credentials Function for review. The Credentials Function will make a recommendation to lift the restriction or pursue other appropriate action.

2. This action is reportable to the National Practitioner Data Bank, the Defense Practitioner Data Bank, your state(s) of licensure, and other professional regulatory entities as appropriate. The AF/SG will review your case and direct reporting.

*Tambra L. Yates*

TAMBRA L. YATES, Col, NC, CNM  
Commander

1st Ind, Maj Uzoamaka O. Nwoye

Date 17 Jan 2017

TO: 673 MDG/CC

I acknowledge receipt of this Final Decision in Clinical Adverse Action Proceeding.

*[Signature]*  
UZOAMAKA O. NWOYE, Maj, USAF, MC

CC:

Howard Lazar, Attorney  
Donna Meyers, Attorney

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# **EXHIBIT B**

**UZOAMAKA O. NWOYE, M.D.**

**MBC No. 800-2018-040111**



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS, 673 MEDICAL GROUP  
JOINT BASE ELMENDORF-RICHARDSON, ALASKA

MEMORANDUM FOR Maj Uzoamaka O. Nwoye

DEC 12 2016

FROM: 673 MDG/CC

SUBJECT: Notice of Proposed Restriction

1. You are hereby notified that I propose to temporarily restrict your clinical privileges IAW AFI 44-119, *Medical Quality Operations*, para. 9.27.3.3. This action is being taken as a result of clinical deficiencies in your performance of transurethral resection of prostate (TURP) procedures, as identified in the Quality Assurance Investigation and the attached Peer Review Panel Report, which pose a threat to the safety of Air Force Medical Service patients. The proposed temporary restriction will consist of direct clinical supervision and oversight of 10 TURP cases. After completion of the 10 cases, the matter would return to the Credentials Function for further review.

2. I further note that, in addition to the temporary restriction referenced above, the Credentials Function also recommended a period of monitoring and evaluation (M&E), IAW AFI 44-119, para. 9.25.2. The recommended M&E would consist of review of five operating room surgical cases or fifty percent of such cases, whichever is greater, for a period of three months. I notify you that I intend to direct such M&E if you return to surgical and procedural care.

3. While due process procedures are ongoing, your privileges to perform surgical or procedural care will remain in summary suspension.

4. You are advised that you have a right, upon written request, to have a hearing panel review this action. To invoke this right, you must make a written request to me within 30 calendar days from the date you receive this notification, meaning your response is due NLT 11 January 2017. If you fail to make a written request within this time period, or if you fail to appear for the scheduled hearing, you waive your right to the hearing and to the right to appeal to the Surgeon General. The due process procedures for this action are found in AFI 44-119, Chapter 9.

5. Providers who separate or are discharged while an adverse privileging action is taking place may be reported to the National Practitioner Data Bank, Defense Practitioner Data Bank, and state licensing agencies. You may request the review of your clinical privileges continue following your separation or discharge (if applicable). If you request continuation of the due process, a report (if indicated) will not be made until completion of the due process. If you desire a continuation, you must make such request in writing prior to your separation or discharge. Address your request to me.

6. If you have any questions please contact 673 MDG Risk Manager at 580-3209 or [andrea.neuerburg@us.af.mil](mailto:andrea.neuerburg@us.af.mil).

  
TAMBRA L. YATES, Col, NC, CNM  
Commander

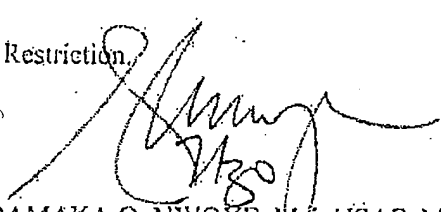
Attachment:  
Peer Review Panel Report, 8 Dec 16, 4 pages

1st Ind, Maj Uzoamaka O. Nwoye

Date 12 Dec 2016

TO: 673 MDG/CC

I acknowledge receipt of this Notice of Proposed Restriction.

  
UZOAMAKA O. NWOYE, Maj, USAF, MC

CC:  
Donna M. Myers, Attorney  
Howard A. Lazar, Attorney

# **EXHIBIT C**

**UZOAMAKA O. NWOYE, M.D.**

**MBC No. 800-2018-040111**



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS, 673D AIR BASE WING  
JOINT BASE ELMENDORF-RICHARDSON, ALASKA

RECEIVED JAN 08 2018

8 January 2018

MEMORANDUM FOR Maj Uzoamaka O. Nwoye

FROM: 673 MDG/CC

SUBJECT: Final Decision in Clinical Adverse Action Proceeding Re: Maj Nwoye

1. Having fully reviewed the record of the subject hearing proceeding, I am approving the recommendations of the hearing panel and direct the revocation of your clinical privileges.
2. IAW AFI 44-119, *Medical Quality Operations*, para. 9.37, you are advised of your right to submit an appeal. This office must receive your written appeal within 10 calendar days from the date of this letter. The time may be extended by myself or AFMOA/CC for good cause. Your appeal along with the adverse action case file will be forwarded to AFMOA/SGHQ for review. A summary of the case file to include your appeal will be forwarded by AFMOA/SGHQ to HQ MAJCOM/SG for review. The Chief, Risk Management Operations, will prepare your appeal for review by the Air Force Medical Practice Review Board. Your appeal is then forwarded to the AF/SG for final decision. My decision will remain in effect during appellate proceedings.

*Tambra L. Yates*

TAMBRA L. YATES, Colonel, USAF, NC, CNM  
Commander

1st Ind, Maj Uzoamaka O. Nwoye

Date 8 January 2018

TO: 673 MDG/CC

I acknowledge receipt of the commander's letter of notification of Final Decision in Clinical Adverse Action Proceeding, dated 8 January 2018.

*Uzoamaka O. Nwoye*

UZOAMAKA O. NWOYE, Maj, USAF, MC